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UFSM
Rev. Enferm. UFSM - REUFSM
Santa Maria, RS, v. 11, e73, p. 1-18, 2021
DOI: 2179769265407/10.5902
ISSN 2179-7692

Review Article Submission: 04/23/2021 Acceptance: 08/17/2021 Publication: 10/26/2021

# Psychosocial impacts of social isolation due to COVID-19 in children, adolescents and young people: a scoping review

Impactos psicossociais do isolamento social por COVID-19 em crianças, adolescentes e jovens: *scoping review*

Repercusiones psicosociales del aislamiento social debido al COVID-19 en niños, adolescentes y jóvenes: *scoping review*

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**Abstract: Objective:** to map the psychosocial impacts caused by social isolation during the COVID-19 pandemic in children, adolescents and young people. **Method:** a scoping review conducted according to the method proposed by the JBI and adopting the recommendations set forth in the *Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews* international guide. The review protocol was registered in the *Open Science Framework.* **Results:** a total of 20 articles comprised this review. Depression (70%; n=14) and anxiety (60%; n=16) were the most frequent symptoms among the research studies evaluated. An increase in screen time and in Internet use was identified. **Conclusion:** social isolation due to COVID-19 has exerted social and psychological effects on children's and adolescents' lives. In this population, mental ailments are a reality, and their repercussion in child-youth development cannot be disregarded.

**Descriptors:** Child; Adolescent; Social Isolation; Coronavirus Infections; Psychosocial Impact

**Resumo: Objetivo:** mapear os impactos psicossociais causados pelo isolamento social, durante a pandemia da COVID-19, em crianças, adolescentes e jovens. **Método:** revisão de escopo realizada de acordo com o método proposto por JBI e adotando as recomendações do guia internacional *Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews*. Protocolo de revisão registrado no *Open Science Framework.* **Resultados:** compuseram

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esta revisão 20 artigos. A depressão (70%; n=14) e a ansiedade (60%; n=16) foram os sintomas mais frequentes entre as investigações estudadas. Identificou-se um aumento do tempo de tela e utilização de internet. **Conclusão:** o isolamento social em função da COVID-19 tem impactado socialmente e psicologicamente na vida de crianças e adolescentes. O adoecimento mental deste público é uma realidade e as repercussões no desenvolvimento infanto-juvenil não podem ser desconsideradas.
**Descritores:** Criança; Adolescente; Isolamento Social; Infecções por Coronavírus; Impacto Psicossocial

**Resumen:** **Objetivo:** mapear las repercusiones psicosociales causadas por el aislamiento social durante la pandemia de COVID-19 en niños, adolescentes y jóvenes. **Método:** *scoping review* realizada de acuerdo con el método propuesto por el JBI y en la que se adoptaron las recomendaciones de la guía internacional *Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews*. El protocolo de revisión se registró en *Open Science Framework.* **Resultados:** esta revisión estuvo compuesta por 20 artículos. Depresión (70%; n=14) y ansiedad (60%; n=16) fueron los síntomas más frecuentes en las investigaciones del estudio. Se identificó un aumento en el tiempo que se pasa frente a las pantallas de diversos dispositivos y en el uso de Internet. **Conclusión:** el aislamiento social debido al COVID-19 ha afectado social y psicológicamente la vida de niños y adolescentes. Las enfermedades mentales en esta población son una realidad, y las repercusiones en el desarrollo infanto-juvenil no pueden ignorarse.
**Descriptores:** Niño; Adolescente; Aislamiento Social; Infecciones por Coronavirus; Impacto Psicosocial

## Introduction

The world faces a serious crisis due to the infection by the new coronavirus, which causes the most recent infectious disease called COVID-19. This disease has affected populations globally.[1] Caused by SARS-CoV-2, it can be characterized by mild, moderate and severe infections. Most of those infected present mild or no symptoms, but the more severe cases need hospital care and may require ventilatory support.[2]

According to data from the Pan American Health Organization (PAHO), on February 12th, 2021, there were approximately 107,423,526 confirmed cases and 2,360,280 lives lost in the world.[3] Regarding the child and youth population in Brazil, until December 2020 13,276 children and adolescents aged 0-19 years old were hospitalized due to COVID-19 and 1,118 deaths were confirmed.[4]

A number of authors have observed that the coronavirus seems to affect the health of children and adolescents to a lesser extent, causing less severe symptoms of the disease in this age group when compared to the adult population.[5] With regard to infectability, it is believed that children present the same chances of becoming infected with the virus as adult individuals.[6] It was evidenced that people younger than 18 years old infected by the new coronavirus can develop a multi-systemic inflammatory condition, with some characteristics similar to those of the *Kawasaki* disease and of

the toxic shock syndrome.[7] Some studies described the presentation of an acute condition, accompanied by a hyperinflammatory syndrome, leading to multiple organ failure and shock.[7-9]

Considering these characteristics of the disease in children and young people, it is necessary to highlight that the COVID-19 pandemic pushed society to new ways of life in an attempt to prevent spread of the disease. Social isolation, contact restrictions, stoppages and school closings impose a complete change in the daily lives of people around the world, and restrict socialization in childhood and youth. These mitigation measures have the potential to threaten mental health[1,10-12]

The socialization process contributes to the evolution of ethical, moral and cultural aspects of living in society and contributes to the formulation of identity and autonomy. And the preferred way to detect this development is from meetings with family members, people from school and from the community in general.[13]

Due to the absence of the school routine and to physical distancing, an increase in children's and adolescents' use of technologies has been observed, such as cell phones, computers and electronic games. In fact, exacerbation in the use of television and portable interactive media, such as smartphones and tablets, has been verified, even in children under two years old.[14]

During the pandemic, greater health demands aimed at psychological problems such as anxiety, fear and stress are observed, in addition to changes in the social aspects, such as substitution of physical with digital interaction. Undoubtedly, these psychosocial changes have the potential to exert an influence on development.[15]

The COVID-19 pandemic is an atypical situation in the world; it is perhaps for this reason that there are still few studies that address, analyze and point out the impacts of social isolation on the psychosocial aspects of children and adolescents.[16] Considering the above, the objective of this study was to map the psychosocial impacts caused by social isolation during the COVID-19 pandemic in children, adolescents and young people.

## Method

This is a scoping review guided by the JBI method and which adopted the *Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews* (PRISMA-ScR). Prior to data collection, the review protocol was registered in the *Open Science Framework*.[17-19] The review took place in five stages, namely: research identification; identification of relevant studies; selection of the studies; data analysis; and data grouping, synthesis and presentation.

The Participants, Concept and Context (PCC) mnemonic strategy was used to formulate the research question, where P – Children and adolescents, C – Psychosocial impacts of social isolation, and C – World pandemic due to COVID-19.[18] Thus, the following research question was defined: What are the psychosocial impacts of social isolation on children, adolescents and young people resulting from the COVID-19 pandemic? Individuals aged up to 12 incomplete years old were considered children, and those aged from 12 to 18 years old, as adolescents.[20]

The inclusion criteria were research studies with full texts published in English, Portuguese or Spanish that answered the question of this study and that included children and adolescents in the study population. Research studies with participants in the youth age group were also included, that is, up to 24 years old, as long as their sample had individuals from zero to 18 years old. The time limit established was publication date from December 2019, when the first COVID-19 case in the world was reported.[3] Editorials and letters were excluded from the selection.

The search was conducted in September 2020 by three independent researchers in the Virtual Health Library (*Biblioteca Virtual em Saúde*, BVS) and in the following databases: U.S. National Library of Medicine (PubMed), Web of Science, Scopus, Online Medical Literature Search and Analysis System (Medline), and Cumulative Index to Nursing and Allied Health Literature (CINAHL). All the aforementioned databases were accessed through the Journals Portal of the Coordination for the Improvement of Higher Level Personnel (*Coordenação de Aperfeiçoamento de Pessoal do Nível Superior*, CAPES), with access selection from a higher education institution. A search was also carried out in the gray literature of the official pages of the

Ministry of Health, the Brazilian Pediatric Society, the American Academy of Pediatrics, the PAHO and the World Health Organization.

The search terms were obtained from MeSH, with adoption of the following strategies: ("child" [Mesh] OR "children" [Mesh] AND "social isolation" [Mesh] AND "teenager" [Mesh] OR "teenagers" [Mesh] AND "psychosocial deprivation" [Mesh] OR "psychosocial deprivations" [Mesh] AND "covid-19" [Mesh]. The search strategy was adapted according to the specificities of each database and the similar combination of descriptors was maintained.

The data obtained in the search were imported into the *Rayyan®* free application, available in the web (https://rayyan.qcri.org/), to organize and screen the articles. Subsequently, two researchers read the titles and abstracts of all the available publications, selecting those potentially eligible for the study. Selection doubts were decided in a plenary meeting with the participation of a third researcher. After consensus on selection of the publications, they were read in full.

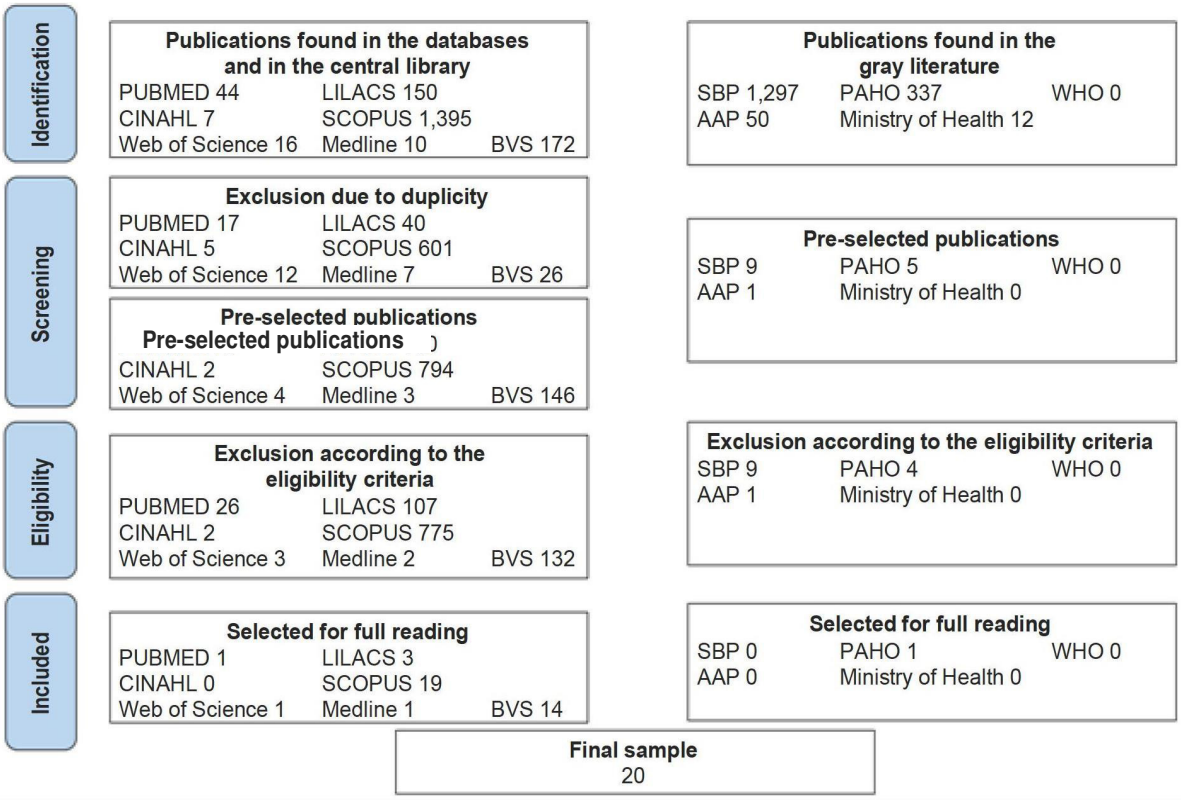
Subsequently, separation and extraction of the data from the articles selected was conducted, using a structured data collection form prepared by the authors, in which the following information was collected: researched database, title, year, authors, country, type of publication, study design, duration of follow-up, locus, sample description, exposure observed, instrument used for data collection, results and recommendations.

Subsequently, a narrative analysis of the data was performed with later discussion of the results with the pertinent bibliography. It is noted that ethical appreciation was not necessary, as this is a study conducted with public domain data.

## Results

The initial search in the databases yielded a total of 1,794 eligible publications. 20 publications[21-40] were selected, which comprise the sample of this study (Figure 1). No publications answering the study question were identified in the gray literature.

**Figure 1** - Flow referring to the study selection process of the Scoping Review, adapted from PRISMA-ScR. Divinópolis, Minas Gerais, Brazil, 2021




All the studies included in this review were published in 2020. The countries with the greatest numbers of studies were Spain[27,29-30,33,35,38] and China,[23-25,37,39-40] with six articles each (30%), followed by Turkey[21,31] with two publications (10%) and by Australia,[34] Italy,[22] Iran,[28] India[36] and Canada[26] with one publication each (5%). The age group of the investigated samples varied from three to 23 years old with a mean of 13 years old, in a total population of 1,116,379 children and adolescents.

It is noteworthy that most (55%) of the journals whose articles were included in this review were Qualis A and B (Classification for the Nursing Area according to the Sucupira Platform from 2012 to 2016).[41] The rating by Impact Factor varied from 0.746 to 6.936.[21-40]

The presentation of the studies included is shown in Chart 1:

**Chart 1 -** Distribution of the articles included in the scoping review, according to population, type of study and objective, 2021. N=20

| Reference | Population | Type of study | Objective |
|---|---|---|---|

| | | | |
|---|---|---|---|
| 22 | 252 children | Integrative Review | To investigate the impact of the pandemic on children's mental health. |
| 23 | 2,064 adolescents | Cross-sectional | To detect the psychosocial effects during the pandemic. |
| 24 | 7,866 adolescents | Cross-sectional | To understand if there is a difference in anxiety, depression and parenting style. |
| 25 | 2,050 children and adolescents | Cross-sectional | To assess psychosocial factors associated with addiction to the Internet during the COVID-19 pandemic. |
| 26 | 3,613 children and adolescents | Cross-sectional | To demonstrate the psychological effects associated with the pandemic. |
| 27 | 1,054 adolescents | Cohort | To examine the relationships between psychological adjustment and reported stress. |
| 28 | 226 adolescents | Cohort | To study the living conditions and their association with psychological factors. |
| 29 | 1,512 adolescents | Cross-sectional and observational | To examine psychological distress, addiction to the Internet, quality of life and insomnia. |
| 30 | 250 children | Qualitative | To assess how children are dealing with this health crisis. |
| 31 | 250 children | Cross-sectional | To understand how they represent and emotionally face the health crisis. |
| 32 | 745 adolescents | Cross-sectional | To determine the results of quarantine and the psychological factors affected. |
| 33 | 4,281 children and adolescents | Systematic review | To establish how loneliness and disease containment impact on mental health. |
| 34 | 459 children and adolescents | Cross-sectional | To address the factors that affect mental health during the pandemic. |
| 35 | 582 adolescents | Cohort | To assess the impact of physical distancing on health and well-being. |
| 36 | 1,049 children | Cross-sectional | To examine the effects of confinement on children and their families. |
| 37 | 252 children and adolescents | Cohort | To examine quarantined children and adolescents and the psychological impact. |
| 38 | 4,391 children and adolescents | Cross-sectional | To estimate mental health status during the COVID-19 pandemic. |
| 39 | 459 children and adolescents | Cross-sectional | To describe the psychological impact caused by the pandemic. |
| 40 | 2,427 children and adolescents | Longitudinal and experimental | To understand children's and adolescents' lifestyle during the COVID-19 pandemic. |
| 41 | 1,025 children and adolescents | Cross-sectional | To understand the psychological consequences resulting from the COVID-19 pandemic. |

The research studies analyzed pointed out the psychosocial impacts of social isolation due to COVID-19 on children and adolescents, with depression[21,23-30,32-33,35,39-40] being mentioned in

14 (70%) articles, followed by anxiety[21,23-25,27-30,32-33,39-40] in 12 (60%) manuscripts.

The results of studies carried out in China showed that social isolation, especially in places where there was a lockdown, caused anxiety symptoms.[25,37,40] Chinese children and adolescents who had an infected relative were more prone to present depression and restlessness symptoms. Those with family members who worked with COVID-19 were more prone to prostration.[23] Anguish was more frequent in female participants and residents of urban regions.[25] In addition to that, the prevalence of sorrow and excitement symptoms was lower for elementary school students, and negative coping with the pandemic was identified as a risk factor for restlessness, melancholy and stress symptoms.[31]

In the third place, among the most frequent psychosocial impacts, there are reports of fear and concern[21-22,26-27,29-31,36,38,40] by the participants, mentioned in ten articles (50%), followed by stress and frustration,[21,24,26-29,31,37,39] cited in nine articles (45%). A research study evidences that the adolescents were more concerned and that, the higher the age, the higher the apprehension.[22]

A number of researchers conducted a cohort study in Canada with 1,054 adolescents aged from 14 to 18 years old to examine the relationships between psychological adjustment and reported stress associated with the COVID-19 crisis. The adolescents showed to be concerned about the COVID-19 crisis, particularly with regard to their studies and with their friends. Stress was associated with increased loneliness and depression among the adolescents who spend more time in the social media (12% reported more than 10 hours/day). This sample presented low levels of physical activity and high stress levels.[26]

In Spain, a qualitative study was carried out with 250 children aged from 3 to 12 years old to examine how they are dealing with the health crisis due to COVID-19 during isolation. Feelings of sorrow, nervousness, concern and loneliness were reported.[29]

Digital dependence was evidenced by a number of studies and increased screen time by children and adolescents in isolation was described in six (30%) research studies analyzed.[24-26,31,34,39] The increase in Internet use during the COVID-19 pandemic was associated with age from six to

18 years old, male gender, and feelings of depression and stress.[24]

Sensations of loneliness (25%, n=5), deterioration of emotional well-being (20%, n=4), anger (15%, n=3) and insomnia (15%, n=3) were also identified among children and adolescents participating in the studies.[21,26-31,34-36,38,40] According to a study carried out in Iran, adolescents who presented depressive symptoms, anxiety and stress were more prone to disorders related to gambling and Internet, insomnia and worse quality of life during the COVID-19 pandemic.[28]

The studies show that there are psychosocial impacts resulting from the social isolation caused by COVID-19 in children and adolescents (Chart 2).

**Chart 2 –** Psychosocial impacts from social isolation in children and adolescents, 2021. N=20

| Reference (Author/Year of | Psychosocial impacts |
|---|---|
| Aydogdu ALF, 2020[21] | Sorrow, fear, anxiety, insomnia, rage and stress |
| Buzzi et al., 2020[22] | Concerns and fears |
| Chen; Cheng; Wu; 2020[23] | Depression and anxiety |
| Dong H et al; 2020[24] | Depression, anxiety, stress, dependence on the Internet |
| Duan et al., 2020[25] | Anxiety, depression, dependence on smartphones and on the Internet |
| Ellis; Dumas; Forbes; 2020[26] | Concern, high stress level, depression, decline in physical activity, increase in Internet use |
| Ezpeleta L et al; 2020[27] | Frustration, fear of going out of the house, fear of the future, insomnia |
| Fazeli S et al; 2020[28] | Depression, insomnia, stress and anxiety |
| Idoiaga M, et al; 2021[29] | Fear, nervousness, concern, loneliness, sorrow, boredom, rage and sedentary lifestyle |
| Idoiaga M, et al; 2020[30] | Fear, concern, sorrow, rage, oppression, tiredness and even loneliness |
| Kilinçel, et al; 2020[31] | Anxiety and concern |
| Loades M et al; 2020[32] | Depression and social anxiety |
| Massa JLP 2020[33] | Deterioration in psychological well-being |
| Munasinghe et al., 2020[34] | Increase in Internet use, increased screen time, decline in happiness, and fast-food consumption |
| Romero et al., 2020[35] | Perceived anguish, emotional problems |
| Saurabh K; 2020[36] | Psychological distress, concern, helplessness and fear |
| Tanga S et al; 2020[37] | Depression, anxiety and stress |
| Vallejo-Slocker L; Fresneda; Vallejo; 2020[38] | Concerns, fear and emotional problems |
| Xiang M; Zhang Z, 2020[39] | Depression, anxiety, stress, anguish, increased screen time |
| Zhang, et al; 2020[40] | Depression, anxiety and stress |

## Discussion

In this review it was observed that social isolation due to COVID-19 exerted social and psychological effects on children and adolescents. The studies revealed that, among the

repercussions of isolation in the COVID-19 pandemic for children and adolescents, depression and anxiety symptoms stand out.[21,23-26,28-33,35,37,39-40]

In fact, as it is intrinsic to the pandemic context, excessive monitoring of autonomy in childhood and youth can contribute to depressive symptoms, which can explain the results of this research.[42] Depressive symptoms such as loneliness and sorrow in young people impair psychological well-being, inhibiting feelings and emotions such as joy, happiness and good mood. However, individuals who present greater affective family support are less likely to be affected by depression.[43-44] In fact, enhancing affectionate relationships between parents and children at this moment of crisis is essential for development and care.[45]

It was also observed that stress represents the third most prevalent psychosocial impact among children and adolescents during isolation due to COVID-19.[21,24,26-29,31,37,39] A number of researchers have shown that the home confinement of 220 million Chinese children and adolescents, including 180 million elementary and high school students and 47 million preschoolers, will exert psychological impacts.[46] The entire negative context of the pandemic facilitates the increase in the population's stress levels. The consequences of these stressors related to the increase in the number of cases, excess news and the growing number of deaths impact on the child's development and behavior, increasing the risk of acute and chronic mental disorders.[47]

It is necessary to consider that, currently, the social media and their reach during the COVID-19 outbreak, when compared to previous pandemics, spread a large volume of information that is not always authentic or verified, sometimes creating false expectations of cure and others causing exacerbated fear and panic. This phenomenon generates insecurity and anguish, which are further aggravated by the divergence of guidelines from public health and governmental authorities.[48]

Various psychological problems can result from a pandemic. Early childhood trauma can increase a child's risk of developing some mental ailment and, similarly, regress their development.[49] Furthermore, adverse childhood experiences can lead to poor life outcomes, such as

substance abuse and relationship or education problems, as well as increase the risk of chronic diseases. Many children in isolation or quarantine during the H1N1 pandemic met the criteria for Post-Traumatic Stress Disorder (PTSD).[49]

Therefore, better Health Care organization becomes necessary to attend to these demands of the population. This means actively seeking and monitoring families at increased risks for illness and with greater vulnerabilities, in order to promote education in health for the determinants of stress and support them in the grieving process. New assistance modalities should also be planned, such as with the use of technologies and Internet.[50]

Fear and concern were also identified in the articles analyzed.[21-22,26-27,29-31,36-37,40] Excessive concern, irritability, home confinement and fear of infection and transmission are entirely linked to restlessness symptoms during the COVID-19 pandemic. Social deprivation is a risk factor for deterioration of mental health, including depressive symptoms, anxiety, fear, post-traumatic stress and insomnia.[42] In relation to the mental disorders, fear of the disease (coronophobia) increased the anguish symptoms, mainly with social isolation.[51]

Another aspect highlighted in the studies refers to the digital dependence related to extended screen time.[24-26,31,34,39] The measures to contain the disease precluded children and adolescents from having social contact, which contributed to the increase in time spent on the Internet. Chatting online and seeing the posts by close people offer mental health benefits, including often receiving support from friends and family members via the Internet during difficult times like this.[48]

It was identified that, due to school closings, in-person learning activities were partially or totally transferred to the virtual environment, with homework and digital classes, which adds more screen time to that already existing before confinement.[51-52] In contrast, digital learning is a restricted system that brings about socioeconomic inequalities, as many children have limited, shared or no online access due to lack of equipment or Internet services.[49]

Psychological distress and loneliness are frequent in reports by children and adolescents

during the pandemic. It is known that 75% of the adults who have or have already had some mental health problem before the age of 24 presented relationship difficulties, rejection, bullying and loneliness. However, peers with good relationship abilities reduce changes in mental health and this favors adolescents' resilience.[53]

The strengthening of ties through social networks, social support from neighbors, healthy sleeping and eating habits, music, physical exercises that can be done at home and accurate health information can contribute to minimizing the psychosocial impacts of isolation on children and adolescents. Mental health recommendations during the pandemic should involve the family as a whole, in the sense of maintaining leisure activities within the established protocols, in addition to limiting news related to the pandemic, as they can lead to anxiety disorders. Televisits via phone or video calls are also an option, in addition to the use of social networks that allow communication at a distance, in order to facilitate the exchange of feelings at this so confusing moment.[54]

Other triggering factors for stress symptoms are limitation in leisure activities in the current context and difficulties accessing the health services. The adjustments made in the health system, both in primary and specialized care, reduced the opportunities for assistance, imposing greater vulnerability on these groups. Thus, the importance that mental and psychosocial health care is accessible and appropriately adapted to the new assistance modality is reinforced.[55]

It is noteworthy that art, culture and sport also play a fundamental role in consolidating the mental health of the entire population, especially young individuals. Thematic campaigns targeted at young people represent a way to mitigate the impacts of social distancing, tactics for the development of physical and mental health, monitoring of warning signs that can help families to go through this difficult phase and strengthening the bond with the health services.[56]

In addition, renewal of assistance through the use of social media and teleappointments, in the environment of Primary Health Care (PHC) and of the Psychosocial Care Centers (*Centros de Atenção Psicossocial*, CAPS) are new ways of offering mental health services. Social networks such

as *WhatsApp* and the use of e-mail are mentioned to improve users' interactions and updates, through collective and individualized appointments. The interaction between reference centers has the potential to favor the confrontation of several contingencies that put children, adolescents and their families at personal and social risk and in situations of violation of rights. Thus, new ways of producing health are essential to reassert the user's autonomy and the bond with PHC.[57]

This study presents limitations. The absence of research studies with samples of Brazilian children and adolescents does not allow generalizations of the results for this context, considering the cultural, social and economic specificities of this country. However, the review points to situations of warning and to the need for Brazilian researchers to devote to this theme.

## Conclusion

This scoping review mapped the psychosocial impacts caused by social isolation due to COVID-19 among children and adolescents. The psychological repercussions have been marked by depression, anxiety, fear, stress and insomnia, which can signal deterioration in the psychological well-being of this population. The increase or dependence on the use of screens was also evident. It is necessary to consider that, while technology can favor virtual meetings, the scarcity of in-person interactions may limit the social development of children and adolescents. It is acknowledged that longitudinal studies will be relevant to monitor the long-term effects of isolation on the social development and mental health of children and adolescents.

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**Scientific Editor:** Cristiane Cardoso de Paula
**Associate Editor:** Aline Cammarano Ribeiro

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## How to cite this article

Santos LC, Pinheiro TJS, Andrade TIX, Sousa PHA, Braga PP, Romano MCC. Psychosocial impacts of social isolation due to COVID-19 in children, adolescents and young people: A scoping review. Rev. Enferm. UFSM. 2021 [Accessed on: Year Month Day]; vol.11 e73: 1-18. DOI: https://doi.org/10.5902/2179769265407