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Context
Factors influencing the persistence of psychiatric disorder have rarely been studied in large, methodologically rigorous studies, but may indicate children and young people who are particularly prone to poor long term outcomes.

Objective
To explore the predictors of persistent psychiatric disorder among school-age children from a general population sample.

Design and setting

Participants
998 school-age children (5-16) in Great Britain with psychiatric disorder in the baseline surveys

Outcome measures
Psychiatric disorder measured using the Development and Well-Being Assessment according to DSMS IV criteria at baseline and follow up. Severity, Impact and Burden was estimated using the relevant scales of the Strengths and Difficulties Questionnaire. Parental psychopathology was assessed using the General Health Questionnaire, and parents also reported on the presence of chronic physical illness and learning disability in the child, along with socio-demographic information about the family.

Methods
Factors relating to the child, family, severity and type of psychopathology at baseline were analysed using logistic regression to establish the independent predictors of any psychiatric disorder, ADHD, behaviour disorder, anxiety and depression at follow up.

Results
Approximately 50% of children with a psychiatric disorder were assigned the same diagnostic grouping at three year follow up. Persistent ADHD was predicted by neurodevelopmental disorder; persistent behavioural disorders were predicted by intellectual disability, rented housing, large family size, and by increased symptom and burden scores; persistent anxiety disorders were predicted by low family income and high burden scores; while persistent depression was predicted by parental psychopathology.

Conclusions
Homotypic persistence in different types of psychiatric disorder was predicted by different factors. These factors may be useful clinically to indicate young people who require intensive or innovative intervention. Research in clinical samples should explore if these factors influence response to interventions.