Depression and anxiety have detrimental effects on quality-of-life, treatment response and disease outcomes.

Whilst psychological morbidity rates have been described in individual rheumatic diseases, less is known about the comparative burden across the spectrum of rheumatic conditions.

Between February 2013 and February 2015, 1281 patients with a confirmed diagnosis were screened.

The prevalence of MDD and GAD was substantially more prevalent in EIA (35.1%) than PsA (6.1%).

Psychological comorbidity is highly prevalent across rheumatological conditions.

The high prevalence of suicidal ideation in our patients with PsA, AxSpa and Vasculitis may reflect the impact of visible cutaneous disease upon self-esteem and mood.

The prevalence of suicidal ideation in PsA may reflect the impact of visible cutaneous disease upon self-esteem and mood.

Severe anxiety was not significantly different across the diseases however probable GAD was substantially more prevalent in EIA (29.7%).

Patients with PsA reported the highest level of suicidal ideation (10%).

The prevalence of suicide, to a detailed plan, is higher than the level reported in psoriasis. It is also notable that reporting suicidal ideation within the PHQ9 can imply anything from a fleeting thought of suicide, to a detailed plan.

There is a need for greater awareness of mental health service involvement for patients attending rheumatology clinics.

These findings help delineate the magnitude of the problem and inform departments of the likely level of provision that will be needed.

Integrating mental health services into musculoskeletal clinics offers a unique opportunity to improve clinical care, and based upon the burden of disease in our population, this approach is justifiable.