

Article

Not peer-reviewed version

The Impact of Urban Forest on Stress Levels: An Environmental and Socioeconomic Analysis in Florida, US

[Christy C. V. Suhendy](#)*, [Andrew K. Koeser](#), [Ryan W. Klein](#), [Laura A. Warner](#), [Matilda Van Den Bosch](#),
Gail Hansen

Posted Date: 10 October 2025

doi: 10.20944/preprints202510.0768.v1

Keywords: urban forest; green spaces; human health; wellbeing; stress level; mental health; public health; socioeconomic



Preprints.org is a free multidisciplinary platform providing preprint service that is dedicated to making early versions of research outputs permanently available and citable. Preprints posted at Preprints.org appear in Web of Science, Crossref, Google Scholar, Scilit, Europe PMC.

Copyright: This open access article is published under a Creative Commons CC BY 4.0 license, which permit the free download, distribution, and reuse, provided that the author and preprint are cited in any reuse.

Disclaimer/Publisher's Note: The statements, opinions, and data contained in all publications are solely those of the individual author(s) and contributor(s) and not of MDPI and/or the editor(s). MDPI and/or the editor(s) disclaim responsibility for any injury to people or property resulting from any ideas, methods, instructions, or products referred to in the content.

Article

The Impact of Urban Forest on Stress Levels: An Environmental and Socioeconomic Analysis in Florida, US

Christy C. V. Suhendy ^{1,*}, Andrew K. Koeser ², Ryan W. Klein ¹, Laura A. Warner ³,
Matilda Van Den Bosch ^{4,5,6,7,8} and Gail Hansen ¹

¹ Department of Environmental Horticulture, IFAS, University of Florida – Fifield Hall, PO Box 110670, Gainesville, FL 32611, United States

² Department of Environmental Horticulture, IFAS, University of Florida – Gulf Coast Research and Education Center, 14625 County Road 672, Wimauma, FL 33598, United States

³ Department of Agricultural Education and Communication (AEC), University of Florida – 407 Rolfs Hall PO Box 110540, Gainesville, FL 32611, United States

⁴ School of Population and Public Health, Faculty of Medicine, University of British Columbia, Vancouver, Canada

⁵ ISGlobal, Barcelona, Spain

⁶ Universitat Pompeu Fabra (UPF), Barcelona, Spain

⁷ CIBER Epidemiología y Salud Pública (CIBERESP)

⁸ European Forest Institute, Biocities Facility, Rome, Italy

* Correspondence: suziesuhendy@gmail.com; Tel.: +1 3528883722

Abstract

Mental health benefits associated with urban nature exposure have gained significant research attention. This study explored the relationships between self-reported stress levels and sociodemographic, behavioral, and environmental predictors related to urban forest access, using the 3-30-300 rule as a contextual framework (three trees visible from home, 30% neighborhood canopy cover, and 300 meters to the nearest green space). Sociodemographic factors such as age and income significantly influenced stress, with older individuals and those who are financially comfortable reporting lower stress levels. Environmental variables, such as tree canopy cover and the number of trees near residences were not significantly associated with stress. However, the frequency of green space visits demonstrated a significant impact. Daily time spent in natural areas significantly reduced stress, with weekly visits also linked to lower stress levels, whereas infrequent visits, such as only some times a year, were associated with higher stress, underscoring the importance of regular interaction with nature. These findings suggest that the frequency of green space visits may play a more critical role in stress reduction than the mere presence of urban greenery, at least in the context of this study. Policymakers and urban planners should prioritize enhancing access to high-quality, safe, and engaging green spaces to promote mental health. Future research should investigate the mechanisms driving these relationships and evaluate the long-term impacts of green space engagement on well-being.

Keywords: urban forest; green spaces; human health; wellbeing; stress level; mental health; public health; socioeconomic

1. Introduction

1.1. Mental Health and Urban Stress

Urban environments significantly affect mental health, exposing residents to unique stressors that contribute to various psychological and physical health challenges. For instance, noise (Watts et al., 1999; Ow et al., 2017), overcrowding (Zhang et al., 2023), and intense visual stimulation (Vargas et al., 2020) create a demanding sensory environment, often leading to chronic stress. Social issues, including isolation and loneliness (Brandt et al., 2022), high crime rates (Wang et al., 2019), and pronounced social inequalities (Evans, 2003), further exacerbate anxiety and insecurity (WHO, 2016).

Research highlights the mental health risks associated with urban living. Individuals residing in cities face a 39% higher likelihood of developing mood disorders, such as depression and bipolar disorder, and a 21% greater risk of anxiety disorders (Peen et al., 2010). Urban living has also been linked to an increased susceptibility to schizophrenia (Peen et al., 2010; Lederbogen et al., 2011). This pattern has been consistently documented across different populations and geographic contexts (Vassos et al., 2012; Gruebner et al., 2017).

Large scale meta-analyses have confirmed these associations, with urban residence showing dose response relationships where risk increases with greater urbanization levels (Vassos et al., 2016). Longitudinal studies tracking individuals over time have demonstrated that urban-born individuals face particularly elevated risks, with some research indicating up to a doubled risk for psychotic disorders (Mortensen et al., 1999; Pedersen & Mortensen, 2001).

Additionally, studies have identified that insufficient green space access in cities and disconnection from nature may contribute to stress and poor mental health (Bratman et al., 2019).

1.2. How Urban Trees Can Mitigate Stress

Urban forests play a crucial role in mitigating stress, offering city dwellers a natural sanctuary from the challenges of urban living (Wolf et al., 2020). Green spaces, composed of trees, shrubs, and other vegetation, provide a range of environmental and psychological benefits that enhance overall mental well-being (Barton & Rogerson, 2017). Research shows that exposure to urban green spaces can reduce anxiety, and improve mood (Ulrich et al., 1991; White et al., 2013). Even brief interactions with natural environments have been found to have restorative effects, offering relief from the pressures of city life (Zhang et al., 2023).

A study of over 150,000 participants in the UK Biobank revealed that living near green spaces was linked to reduced risks of psychiatric disorders (Liu et al., 2024). Comparative studies highlight that natural spaces, including urban parks and tree-lined streets, provide greater emotional and restorative benefits than urban environments without greenery (Takayama et al., 2014). Forest therapy and exposure to urban green spaces have been shown to promote relaxation, reduce anxiety, and improve emotional well-being (Lee et al., 2017).

Urban trees also mitigate stress by regulating environmental stressors locally. Trees absorb and diffuse sound waves, contributing to reduced noise levels and creating quieter, more tranquil environments that promote relaxation and comfort (Nowak & Dwyer, 2010; Wolf & Robbins, 2015). Additionally, urban forests help regulate temperatures, which can alleviate heat-related stress. By providing shade and facilitating evapotranspiration, trees cool urban microclimates and counteract the urban heat island effect, fostering more comfortable outdoor spaces (Woodward et al., 2023; Gillerot et al., 2024). Research has established clear connections between temperature comfort and mental health, showing that extreme heat exposure increases rates of anxiety, depression, and aggressive behavior (Thompson et al., 2023; Taliercio, 2024), while comfortable temperatures promote psychological well-being and cognitive function (Thompson et al., 2018; Raman, 2021).

Urban forests encourage physical activity by creating shade and well-defined spaces for walking, jogging, and other forms of exercise, all of which are proven to reduce stress (Wolf et al., 2020; Neale et al., 2022). Parks and green corridors also provide venues for social interaction and community activities, fostering social connections that act as buffers against stress and feelings of

isolation (Konijnendijk, 2008; Maas et al., 2006), which is crucial for collective mental health resilience (Wolf et al., 2020). Community gardens and shared green spaces foster neighborly connections and social support networks that help the entire neighborhood cope with urban stressors more effectively (Koay & Dillon, 2020; Wood et al., 2022)).

Urban greening initiatives have the potential to address mental health disparities at the community level. Research by Jakstis and Fischer (2021) found that exposure to urban green spaces was associated with a lower risk of depression, particularly among disadvantaged groups. This enhanced benefit among disadvantaged populations likely occurs because these communities often face higher baseline stress levels due to socioeconomic factors, making them more responsive to the stress-reducing effects of nature exposure. By incorporating greenery into urban planning, cities can promote social equity, support mental and physical health, and create more resilient communities.

1.3. Objectives

This study explored the role of urban trees in mitigating stress among city residents, with a focus on how varying levels of exposure and accessibility to green spaces relate to self-reported stress levels. The research framework was guided by the 3-30-300 rule (Konijnendijk, 2022) that establishes three key metrics for optimal urban green space design. This rule specifies that residents should be able to see at least three trees from their home, live in neighborhoods with a minimum of 30% tree canopy coverage, and have access to high-quality green spaces within 300 meters of their residence. Research supporting this framework has demonstrated significant associations between these green space characteristics, improved mental health outcomes, and enhanced overall quality of life in urban environments (Helbich et al., 2025; Nieuwenhuijsen et al., 2022).

Building on this established framework, this research addressed a key question: Are there any associations between perceived stress and (1) views of trees; (2) neighborhood tree canopy; and (3) access to greenspace?

By examining these questions, the study aims to contribute to the growing body of evidence on the health benefits of urban trees and inform the development of sustainable, health-oriented urban design strategies.

2. Methodology

This study examined the relationship between the three key parameters of the 3-30-300 rule and stress levels among Florida residents aged 45 years and older. We focused on adults from middle-age and above to examine stress patterns in this demographic, which represents a substantial portion of the population with varied life circumstances including health concerns and major life transitions, and retirement status (Scott et al., 2013; Infurna et al., 2021). Given that our sample included a substantial proportion of retired participants who may experience different stress patterns than working adults, we conducted stratified analyses by employment status to examine whether the relationships between green space access and stress levels varied between working and retired respondents.

Data were collected via an online survey administered by a contracted panel provider (Centiment LLC, Denver, Colorado, United States). The sample was selected to approximate the state's population in terms of gender and race, among those aged 45 and older, according to US Census Bureau predictions for 2022. A minimum of 1,300 respondents were sought, resulting in a projected error margin of $\pm 3\%$ at 95% confidence.

In this study, we used the Perceived Stress Scale-4 (PSS-4) to assess the stress levels of participants. The PSS-4 is a validated and widely used psychological tool (Cohen et al., 1983; Sanabria-Mazo et al., 2023; Schmalbach et al., 2025) that measures perceived stress by capturing individuals' thoughts and feelings about the stress they experienced in the past month. It consists of four items rated on a 5-point Likert scale, where responses range from 0 ("Never") to 4 ("Very Often"). Total scores are calculated by summing individual item responses, resulting in a possible range of 0 to 16, with elevated scores reflecting higher perceived stress levels (Warttig et al., 2013).

Additionally, the survey included eight sociodemographic questions covering age, gender, race, marital status, education, employment, income, and the number of children in the household, which were used to adjust for confounding impacts (Moss et al., 2021). Behavioral and lifestyle variables were also collected to control for potential confounding factors. Physical activity levels were assessed through weekly hours of vigorous activity, moderate activity, walking, and sitting time. Dietary habits were measured through weekly consumption frequencies of specific food groups, including fruits, vegetables, nuts/legumes/seeds, fish/seafood, grains, refined grains, low-fat foods, high-fat foods, and sweets. Smoking status (yes/no) and alcohol consumption patterns were recorded, with weekly alcoholic drink intake categorized as 0 drinks, 1-3 drinks, 4-10 drinks, or 11 or more drinks, and weekly consumption of alcoholic beverages was also assessed. These behavioral variables were included as covariates given their established associations with stress and mental health outcomes.

To explore the relationship between urban trees and stress, eight targeted questions focused on the 3-30-300 rule metrics. These questions assessed the number of trees visible from respondents' homes, the estimated tree canopy coverage in their neighborhoods, and the proximity to the nearest park or green space. We also included questions on time spent in outdoor greenery and visits to natural spaces. To enhance the accuracy of responses, reference images depicting varying levels of tree canopy coverage (e.g., 10%, 30%, 50%, 70%, and 90%) were included (Suhendy et al., 2025). Furthermore, an attention-check question, adapted from Silber et al. (2022) and Koeser et al. (2023), required respondents to select "strongly disagree" from the response options to ensure data quality; failure to do so led to disqualification.

The University of Florida Institutional Review Board granted exempt status for this research (Protocol #: ET00042186, July 15, 2024). We piloted the survey with 75 participants on July 16, 2024, to ensure technical functionality before full deployment. Data collection concluded on July 23, 2024.

2.1. Data Analysis

A linear regression analysis was conducted to examine the relationship between environmental predictors and stress levels, while controlling for potential sociodemographic and behavioral confounders. Model building followed a systematic approach beginning with a full model containing all theoretically relevant predictors. Model simplification was conducted using backward elimination, sequentially removing non-significant predictor variables one at a time based on their p-values, beginning with the least significant ($p > 0.05$).

In this regression analysis, categorical variables without a natural order such as gender, race, marital status, number of trees and canopy coverage, were coded as dummy variables, because each category represents a distinct group with no inherent ranking. Dummy coding allows comparison of each category against a chosen reference group. In contrast, variables with an inherent meaningful order such as education level, perceived income or frequency of natural-area visits, were initially considered for treatment as ordinal variables, since the categories indicate increasing levels of the underlying trait even if the spacing between levels is not equal.

The full and simplified models were compared using the Akaike Information Criterion (AIC) to evaluate model fit, with lower AIC values indicating better model performance. Additionally, adjusted R^2 was computed to estimate the proportion of variance explained while accounting for the number of predictors. Following the selection of the final model, regression coefficients were interpreted to understand the relative influence of each predictor on stress levels. Statistical significance was determined at a threshold of $p < 0.05$ for all analyses. All statistical procedures were performed using JASP software (University of Amsterdam, Netherlands).

3. Results

3.1. Respondent Demographics

Our survey included 1,361 participants, comprising 645 males (47.39%), 713 females (52.39%), and 3 non-binary individuals (0.22%). Participant ages ranged from 45 to 97 years, with a mean age

of 63.5 and a median age of 64. The majority of participants identified as White (1,091; 80.16%), followed by Black or African American (99; 7.27%), Hispanic (86; 6.32%), mixed ethnicity (59; 4.34%), Asian (21; 1.54%), American Indian or Native Alaskan (4; 0.29%), and Native Hawaiian or Pacific Islander (1; 0.07%). These demographic characteristics closely align with Florida's population aged 45 and older, as reported by the U.S. Census Bureau (2023). Detailed demographic data are presented in Table 1.

Table 1. Descriptive Statistics and Definitions of Predictor and outcome Variables. Mean values (\pm standard deviation) are reported for continuous variables, while frequencies and corresponding percentages are presented for categorical variables.

| Variables | Definition | Mean/Count | SD / % |
|------------------------------------|--------------------------------------|------------|--------|
| Age | Self-reported age | 63.5 | 10.597 |
| Gender | Respondent's gender identity | | |
| Male | | 645 | 47.39% |
| Female | | 713 | 52.39% |
| Non-binary | | 3 | 0.22% |
| Race | Respondent's racial identity | | |
| Asian | | 21 | 1.54% |
| Black/African American | | 99 | 7.27% |
| Hispanic/Latinx | | 86 | 6.32% |
| Native American/Alaskan Native | | 4 | 0.29% |
| White/Caucasian | | 1091 | 80.16% |
| Mixed Ethnicity | | 59 | 4.34% |
| Others | | 1 | 0.07% |
| Marital Status | Relationship status | | |
| Single/separated/divorced/widowed | | 502 | 36.88% |
| Married or cohabiting with partner | | 844 | 62.01% |
| Neither of these | | 11 | 0.81% |
| Prefer not to say | | 4 | 0.29% |
| Education | Highest level of education completed | | |
| Less than high school | | 12 | 0.88% |
| High school diploma/GED | | 223 | 16.39% |
| Some college | | 459 | 33.73% |
| Bachelor's degree | | 391 | 28.73% |
| Master's degree | | 199 | 14.62% |
| PhD/MD/JD etc. | | 52 | 3.82% |
| Other professional degree | | 25 | 1.84% |
| Employment | Current employment status | | |
| Employed full-time | | 386 | 28.36% |
| Employed part-time | | 85 | 6.25% |
| Self-employed | | 109 | 8.01% |

| | | | |
|-----------------------------|--|-------|--------|
| Unemployed | | 95 | 6.98% |
| Student | | 4 | 0.29% |
| Retired | | 644 | 47.32% |
| Other | | 38 | 2.79% |
| Income | Perceived financial security | | |
| Very difficult | | 201 | 14.77% |
| Difficult | | 196 | 14.40% |
| Coped | | 421 | 30.93% |
| Lived comfortably | | 519 | 38.13% |
| Prefer not to say | | 24 | 1.76% |
| Children | Number of children in the household | 0.344 | 0.815 |
| Stress Level | Self-reported stress level | 5.291 | 3.487 |
| Daily Activity | Physical activity levels | | |
| Vigorous hours | | 3.734 | 6.934 |
| Moderate hours | | 4.649 | 8.149 |
| Walk hours | | 7.002 | 11.696 |
| Sitting hours | | 7.284 | 4.699 |
| Weekly Diet | Weekly consumption of specific food groups | | |
| Fruit | | 3.772 | 2.006 |
| Vegetables | | 4.118 | 1.846 |
| Nuts, legume, seeds | | 2.764 | 2.169 |
| Fish, seafood | | 1.717 | 1.293 |
| Grains | | 2.957 | 2.08 |
| Refined grains | | 2.683 | 2.012 |
| Low fat | | 2.715 | 2.339 |
| High fat | | 2.943 | 2.101 |
| Sweets | | 2.954 | 2.134 |
| Smoke | Tobacco use status | | |
| Yes | | 246 | 18.07% |
| No | | 1115 | 81.93% |
| Alcohol Intake | Weekly alcoholic drink consumption | | |
| 0 | | 670 | 49.23% |
| 1-3 | | 410 | 30.12% |
| 4-10 | | 207 | 15.21% |
| 11-more | | 74 | 5.44% |
| Hours of Sleep | Average nightly sleep duration in hours | 6.536 | 1.483 |
| Living in Current Residence | Years spent at current home | | |
| <1 year | | 104 | 7.64% |

| | | | |
|--|---|------|--------|
| 1-5 years | | 425 | 31.23% |
| 6-10 years | | 263 | 19.32% |
| >10 years | | 569 | 41.81% |
| Place Spent the Most while Awake: | Primary location during waking hours | | |
| Home | | 1143 | 83.98% |
| Office | | 167 | 12.27% |
| School | | 8 | 0.59% |
| Other | | 43 | 3.16% |
| Number of Trees | Number of trees visible when at primary location | 2.61 | 0.846 |
| 0 | | 83 | 6.10% |
| 1 | | 76 | 5.58% |
| 2 | | 130 | 9.55% |
| 3 or more | | 1072 | 78.77% |
| Outdoor Greenery Time | Frequency of time spent in green spaces (general nature exposure) | | |
| Daily | | 750 | 55.11% |
| Several times a week | | 414 | 30.42% |
| Once a week | | 88 | 6.47% |
| 2-3 times per month | | 69 | 5.07% |
| Once a month or less | | 40 | 2.94% |
| Tree Canopy Cover | Estimated tree coverage in neighborhood | | |
| 0% | | 12 | 0.88% |
| 10% | | 273 | 20.06% |
| 30% | | 312 | 22.92% |
| 50% | | 245 | 18.00% |
| 70% | | 171 | 12.56% |
| 90% | | 112 | 8.23% |
| I would Prefer ___ Trees in My Neighborhood. | Preference for neighborhood tree density | | |
| Fewer | | 69 | 5.07% |
| More | | 567 | 41.66% |
| The current amount of | | 725 | 53.27% |
| Having Walkable Green Space | Access to green space within walking distance | | |
| Yes | | 726 | 53.34% |
| No | | 594 | 43.64% |
| Unsure | | 41 | 3.01% |

| Visit Natural Area | Frequency of intentional natural area visits | |
|----------------------|--|--------|
| Daily | 226 | 16.61% |
| Weekly | 416 | 30.57% |
| Once a month or less | 185 | 13.59% |
| Several times a year | 226 | 16.61% |
| Once a year | 72 | 5.29% |
| Never | 236 | 17.34% |

3.2. Final Model Results

A hierarchical regression analysis was conducted to examine the relationship between urban tree exposure and stress levels while controlling for demographic and socioeconomic factors.

Initially, all demographic, socioeconomic and environmental variables were entered into the model. Variables that did not reach statistical significance were excluded through backward elimination. However, all environmental variables especially related to the 3-30-300 rule (number of trees, tree canopy cover and distance to the nearest park) were retained in the final model regardless of statistical significance, as they represent the core theoretical framework and our a priori hypotheses regarding urban green space exposure and stress outcomes.

The final model included age, race/ethnicity, employment status (retired), income levels, walkable green space availability, outdoor greenery time frequency, and natural area visit frequency as control variables. Environmental predictors included number of trees, canopy cover at various levels, and distance to the nearest green space. This model demonstrated moderate explanatory power, accounting for 34.9% of the variance in stress levels (Adjusted $R^2 = 0.349$).

Table 2 presents the regression results, which incorporated significant socioeconomic and demographic predictors as well as our environmental predictors of primary concern regardless of significance.

Table 2. Final Model and Regression Results of Variables and Stress Level.

| Model | Variables | SE | t | β | p | 95% CL | |
|----------------|-----------------------------------|------|-------|---------|-----------|--------|-------|
| | | | | | | Lower | Upper |
| M ₀ | (Intercept) | 0.10 | 50.93 | 5.25 | < .001 | 5.06 | 5.46 |
| M ₁ | (Intercept) | 1.11 | 8.90 | 9.90 | < .001 | 7.71 | 12.08 |
| | Age | 0.01 | -6.50 | -0.07 | < .001*** | -0.09 | -0.05 |
| | Employment (Retired) ^z | 0.22 | -1.17 | -0.26 | 0.241 | -0.70 | 0.18 |
| | Income (Very difficult) | 0.27 | 12.40 | 3.36 | < .001*** | 2.83 | 3.89 |
| | Income (Difficult) | 0.27 | 7.49 | 2.01 | < .001*** | 1.48 | 2.54 |
| | Income (Lived comfortably) | 0.21 | -6.40 | -1.31 | < .001*** | -1.72 | -0.91 |
| | Income (Prefer not to say) | 0.61 | 0.97 | 0.59 | 0.334 | -0.61 | 1.78 |
| | Number of Trees (1) ^y | 0.49 | -0.79 | -0.39 | 0.43 | -1.36 | 0.58 |
| | Number of Trees (2) ^y | 0.43 | -0.25 | -0.11 | 0.804 | -0.95 | 0.74 |
| | Number of Trees (3) ^y | 0.36 | -0.90 | -0.32 | 0.37 | -1.02 | 0.38 |
| | Canopy cover (10%) ^x | 0.84 | -0.69 | -0.58 | 0.492 | -2.23 | 1.07 |
| | Canopy cover (30%) ^x | 0.85 | -0.31 | -0.26 | 0.757 | -1.93 | 1.40 |
| | Canopy cover (50%) ^x | 0.85 | -0.54 | -0.46 | 0.587 | -2.14 | 1.21 |

| | | | | | | |
|---|------|-------|-------|--------|-------|-------|
| Canopy cover (70%) ^x | 0.86 | 0.13 | 0.11 | 0.896 | -1.58 | 1.80 |
| Canopy cover (90%) ^x | 0.88 | -0.63 | -0.55 | 0.53 | -2.27 | 1.17 |
| walkable green space (Unsure) ^w | 0.52 | 1.53 | 0.79 | 0.126 | -0.22 | 1.80 |
| walkable green space (Yes) ^w | 0.20 | 2.27 | 0.45 | 0.024* | 0.06 | 0.84 |
| Outdoor greenery time (Daily) ^v | 0.38 | -2.03 | -0.76 | 0.043* | -1.50 | -0.02 |
| Outdoor greenery time (Once a week) ^v | 0.49 | 1.25 | 0.61 | 0.211 | -0.34 | 1.56 |
| Outdoor greenery time (Several times a week) ^v | 0.39 | -1.13 | -0.44 | 0.259 | -1.20 | 0.32 |
| Outdoor greenery time (once a month or less) ^v | 0.61 | 1.20 | 0.73 | 0.23 | -0.46 | 1.92 |
| Visit natural area (Never) ^u | 0.33 | 2.54 | 0.85 | 0.011* | 0.19 | 1.50 |
| Visit natural area (Weekly) ^u | 0.27 | 0.84 | 0.22 | 0.401 | -0.30 | 0.75 |
| Visit natural area (Once a month) ^u | 0.33 | 1.67 | 0.56 | 0.095 | -0.10 | 1.21 |
| Visit natural area (Several times a year) ^u | 0.32 | 1.94 | 0.62 | 0.053 | -0.01 | 1.25 |
| Visit natural area (Once a year) ^u | 0.45 | 1.38 | 0.62 | 0.169 | -0.26 | 1.50 |

* Statistically significant, *** Statistically very highly significant, ^z Compared to Employed full-time, Employed part-time, Self-employed, Unemployed, Student, and Others, ^y Compared to 0 (no trees present or no access to a window), ^x Compared to No tree cover in the neighborhood, ^w Compared to No walkable green space. ^v Compared to 2-3 times a month, ^u Compared to Daily.

Among the sociodemographic control variables, several showed significant associations with stress levels. Age demonstrated a significant negative association with stress ($\beta = -0.07$, $p < 0.001$, 95% CI: -0.09, -0.05), indicating that older participants reported lower stress levels. However, employment status showed that retirement was not significantly associated with stress levels ($\beta = -0.26$, $p = 0.241$, 95% CI: -0.70, 0.18), suggesting that the age effect on stress operates independently of retirement status. Income levels showed strong associations with stress, with participants reporting "very difficult" financial situations showing the highest stress levels ($\beta = 3.36$, $p < 0.001$, 95% CI: 2.83, 3.89), followed by those reporting "difficult" situations ($\beta = 2.01$, $p < 0.001$, 95% CI: 1.49, 2.54), while those "living comfortably" showed significantly lower stress levels ($\beta = -1.31$, $p < 0.001$, 95% CI: -1.72, -0.91).

In terms of environmental characteristics, the number of trees visible from participants' homes showed no significant association with stress levels. Similarly, canopy cover percentages in participants' neighborhoods showed no significant associations with stress levels across all measured categories. The analysis revealed non-significant associations for all canopy cover levels when compared to areas with no canopy cover (0%).

Regarding access to walkable green spaces, participants who reported having access to walkable green spaces showed significantly higher stress levels ($\beta = 0.46$, $p = 0.024$, 95% CI: 0.06, 0.84) compared to those who reported having no access. In contrast, participants who were unsure about their access to walkable green spaces showed a non-significant association ($\beta = 0.79$, $p = 0.126$, 95% CI: -0.22, 1.80) compared to the group that has no access. Interestingly, those who reported having no access at all did not show a statistically significant difference in stress levels.

In terms of outdoor greenery engagement, daily visits to outdoor greenery showed a significant association with lower stress levels ($\beta = -0.76$, $p = 0.043$, 95% CI: -1.50, -0.02). Other frequencies of outdoor greenery visits, including once a week ($\beta = 0.61$, $p = 0.211$, 95% CI: -0.34, 1.56), several times a week ($\beta = -0.44$, $p = 0.259$, 95% CI: -1.20, 0.32), and once a month or less ($\beta = 0.73$, $p = 0.23$, 95% CI: -0.46, 1.92), showed no significant associations with stress levels.

The frequency of visiting natural areas revealed varied associations with stress level when compared to daily visits as the reference category. Participants who never visited natural areas demonstrated the highest stress levels ($\beta = 0.85$, $p = 0.011$, 95% CI: 0.19, 1.50), while those visiting

several times a year also showed significantly higher stress levels ($\beta = 0.62$, $p = 0.053$, 95% CI: -0.01, 1.25). Weekly visits ($\beta = 0.22$, $p = 0.401$, 95% CI: -0.30, 0.75), monthly visits ($\beta = 0.56$, $p = 0.053$, 95% CI: -0.10, 1.21), and yearly visits ($\beta = 0.62$, $p = 0.169$, 95% CI: -0.26, 1.50) showed non-significant associations with stress levels.

4. Discussion

This study employed the 3-30-300 rule as a guiding framework to investigate the relationship between urban tree visibility, tree canopy coverage, green space accessibility, and stress levels. The results indicate that while active engagement, such as walking, exercising, or spending recreational time in these environments, is significantly associated with stress reduction, having access to walkable green spaces without necessarily using them was associated with higher stress levels, suggesting that proximity alone does not translate to stress reduction. Additionally, passive environmental exposures, such as the number of trees near a residence and overall canopy cover, did not show a direct association with stress reduction.

These findings suggest that proximity and visibility alone may not be sufficient for stress mitigation, highlighting the complex interplay between urban greenery and mental well-being and emphasizing the need for accessible, engaging, and well-utilized green spaces rather than merely increasing tree presence.

4.1. Implications of 3-30-300 Rule on Stress Levels

The investigation of tree visibility from residential locations revealed no significant association with stress reduction, challenging the foundational assumption of the "3" component of the 3-30-300 rule. This finding aligns with several studies that have documented limited effects of green views on psychological outcomes (Gascon et al., 2015; Houlden et al., 2018). Specifically, Gascon et al. (2015) found no significant association between the percentage of green space visible from residential windows and mental health indicators in a large European cohort study, while Houlden et al. (2018) reported inadequate evidence supporting the mental health benefits of greenspace views. These convergent findings suggest that the relationship between visual green exposure and psychological well-being may be considerably more complex than initially conceptualized.

The divergence between these results and seminal studies demonstrating restorative effects of nature views (Ulrich, 1984; Rhee et al., 2023; Yao et al., 2024) likely reflects important methodological and contextual differences. Ulrich's (1984) pioneering research examined views from hospital windows, where patients in states of physical recovery may have been particularly receptive to environmental stimuli within a controlled therapeutic environment. Similarly, Rhee et al. (2023) focused on office environments where green views provided visual respite from work-related stressors, while Yao et al. (2024) examined dense Asian urban contexts where natural elements might be especially valued due to their relative scarcity. The present study's different geographic and cultural context may not have captured equivalent levels of psychological benefit.

The physical and social context of viewing appears to significantly influence the effectiveness of green views (Evans et al., 2000; Jiang et al., 2014). The distinction between viewing trees from high-rise apartments versus ground-level residences represents a fundamental difference in the nature-human interface. High-rise residents may experience disconnection from the natural environment from higher floors. Olszewska-Guzzo et al. (2018) found that views with higher levels of green cover, even from the 12th floor, induced more positive brainwave patterns linked to motivation and relaxation, while decreases in visible green on higher floors (such as the 24th floor) might actually reduce these positive effects. Another experiment showed that viewing green space from a high-rise window significantly reduces stress responses compared to urban views (Elsadek et al., 2020). Viewing trees from above rather than at eye level, potentially decreases the sense of connection that contributes to stress reduction (Evans et al., 2000; Jiang et al., 2014). This suggests that tree visibility may require combination with other sensory and interactive experiences to produce meaningful psychological impact, as visual stimuli alone may prove insufficient for stress reduction, particularly

in urban environments where residents may become habituated to green views without corresponding opportunities for direct engagement.

Similarly, tree canopy coverage showed no significant associations with stress levels at any percentage thresholds when compared to areas with no canopy cover. This finding contrasts with research demonstrating positive associations between urban tree cover and psychological well-being. Gascon et al. (2015) found that higher tree density correlated with reduced anxiety and improved mental health outcomes in Barcelona neighborhoods, while Reid et al. (2018) reported that each 1% increase in tree canopy cover was associated with decreased psychological distress in urban populations.

However, the present findings align with more nuanced investigations questioning direct relationships between canopy metrics and mental health benefits. Taylor et al. (2018) determined that while tree presence influenced stress reduction, the relationship was mediated by factors such as accessibility and perceived safety of green spaces. Holland et al. (2021) similarly reported no statistically significant relationships between canopy coverage alone and mental health outcomes, including depression and anxiety. These convergent findings suggest that canopy coverage alone does not necessarily translate to usable green space, as urban forests contributing to canopy metrics may not always be accessible or designed for public engagement, thereby limiting their effectiveness in promoting stress reduction.

The investigation of green space proximity yielded the most compelling evidence supporting active engagement over passive exposure. Access to walkable green spaces showed a counterintuitive positive association with stress levels, which may reflect that people with higher stress levels actively seek out green spaces, or that the quality and safety of accessible green spaces varies considerably. More critically, behavioral predictors revealed that frequent engagement with greenery played a substantially more significant role in stress reduction than passive exposure or proximity alone. Daily time spent in greenery was significantly associated with lower stress levels, while individuals visiting natural areas only sporadically or never reported elevated stress levels. This relationship may be confounded by physical activity, as time in green spaces often involves walking, exercising, or other forms of movement that were not fully captured by our study.

These findings strongly support both Attention Restoration Theory (Kaplan & Kaplan, 1989; Kaplan, 1995) and Stress Recovery Theory (Ulrich, 1983), which posit that time spent in natural environments replenishes cognitive resources and reduces physiological stress responses. The results also align with research on forest bathing, or *Shinrin-yoku*, demonstrating that immersive natural experiences produce measurable psychological benefits through promoting relaxation, reducing anxiety, enhancing mood, and fostering mental clarity (Li, 2010; Park et al., 2010).

The primacy of intentional, frequent engagement over proximity observed in this study is consistent with dose-response relationships documented in nature exposure literature, where stress reduction benefits increase with both frequency and duration of deliberate nature contact (Hansen et al., 2017). This dose-response relationship may explain why participants with sporadic natural area visits reported higher stress levels, as infrequent exposure appears insufficient for sustained psychological benefits.

These findings provide qualified support for the "300" component of the 3-30-300 rule while emphasizing that proximity alone is insufficient. Urban green spaces must be well-designed, attractive, and integrated into daily routines to realize potential benefits. When individuals remain unaware of nearby green spaces, perceive them as unsafe, or lack time for regular visits, potential psychological benefits may not be actualized. This underscores the critical importance of urban planning strategies that prioritize walkability, accessibility, and community involvement in green space design.

The study's findings collectively suggest that the 3-30-300 rule, while providing a useful framework for urban green space planning, may oversimplify the complex relationships between green space characteristics and human psychological well-being or, at least, that the associations are highly context dependent. In addition to quantitative guidance for green space provision, urban

planning efforts should emphasize creating opportunities for meaningful, frequent engagement with natural environments. This paradigm shift from passive exposure to active engagement has significant implications for urban design, suggesting that successful green infrastructure must facilitate regular human-nature interactions rather than merely providing visual amenities or meeting coverage thresholds.

4.2. Sociodemographic Influences on Stress

Beyond environmental predictors, sociodemographic factors played a significant role in shaping stress levels. Our finding shows that age was negatively associated with stress, indicating that older participants reported lower stress levels than younger populations. This finding aligns with established research demonstrating that stress and anger declined from the early 20s to middle 80s, with older adults developing different coping strategies (Stone et al., 2010; Chen et al., 2018). Interestingly, retirement status was not significantly associated with stress levels, suggesting that the age-related decline in stress operates independently of employment transitions and may instead reflect broader developmental changes in stress perception and management across the lifespan.

As expected, financial security emerged as a critical determinant of stress levels. Individuals struggling financially reported significantly higher stress levels, with those in “very difficult” financial situations showing the higher stress, followed by those reporting “difficult” situations. In contrast, those “living comfortably” reported significantly lower stress levels. This aligns with existing research emphasizing financial security as a key component of mental well-being, as economic hardship often amplifies daily stressors and limits access to supportive resources (Bialowolski et al., 2021).

Additionally, employment status was associated with stress, with individuals in non-traditional employment arrangements such as freelance or part-time work, reporting lower stress levels. This possibly counterintuitive finding is supported by research indicating that freelancers report higher levels of job satisfaction and less stress resulting from more control over working conditions compared to traditionally employed persons (Shimura et al., 2021).

These findings underscore that both environmental and socioeconomic factors play important roles in shaping stress levels. Even when green spaces are present and accessible, individuals facing persistent financial strain, job insecurity, or other socioeconomic challenges may experience chronic stressors that overshadow the potential mental health benefits of nature exposure. For urban forestry initiatives to be truly effective in promoting psychological well-being, they must be integrated into a broader framework that considers not only environmental enhancements, but also economic and social policies aimed at reducing systemic stressors.

This highlights the need for a holistic approach to urban well-being, where urban design, public health, and economic policies are interwoven to create healthier, more resilient communities. Urban forests provide multiple ecosystem services for city dwellers, including improving public health via mitigating mental stressors and providing attractive spaces for diverse physical activities (Yin et al., 2023). While investing in well-maintained, accessible, and engaging green spaces is essential, realizing their full potential requires coordinating urban forest initiatives with housing, transportation, and economic policies that enable all residents to access and utilize these environmental resources. By addressing both environmental and structural inequities, cities can foster a more inclusive and sustainable approach to improving mental health and quality of life.

4.3. Study Limitations and Future Research Directions

This study has several limitations that should be acknowledged. First, the reliance on self-reported data for assessing stress levels may introduce bias, as participants' responses could be influenced by recall limitations, mood at the time of reporting, or social desirability (Latkin et al., 2017). Similarly, participants' self-assessment of their access to green space may not accurately reflect objective measures of availability or quality, potentially leading to misclassification of exposure levels.

The demographic composition of our sample presents additional limitations for generalizability. With an average age in the mid 60s and 80% white participants, findings are limited in their applicability to younger populations and diverse ethnic communities. While this demographic profile aligns with Florida's general social demographics, it provides limited insights into how the 3-30-300 rule affects early to middle aged adults or individuals from different ethnic backgrounds across the measured variables.

Beyond the measurement and demographic limitations, the use of a panel service, while providing valuable advantages in terms of sample size and efficiency, introduces potential representativeness concerns as panel participants may differ systematically from the general population (Craig et al., 2013). The study's cross-sectional design prevents causal inferences (Setia, 2016), restricting the ability to determine the directionality of relationships between urban green spaces and perceived stress. The assessment of environmental variables, such as tree canopy cover, may not fully account for qualitative aspects of green spaces such as biodiversity, accessibility, or maintenance, that can influence mental health outcomes.

Future research should further explore the mechanisms driving these relationships while addressing these identified gaps. Specifically, studies examining the impact of urban greenery on stress across diverse age groups and ethnicities would strengthen our understanding of these relationships. Additionally, rather than relying on respondent estimates on the canopy coverage, future investigations could compare participant's home cities to actual canopy cover data, requiring only that participants identify their town of residence. This approach would provide more objective measurements of environmental variables and eliminate potential bias in self-reported environmental assessments.

Furthermore, incorporating socioeconomic analysis by comparing respondents' incomes to their cities' average income levels could reveal important interactions between economic factors, tree coverage, and stress outcomes. Future studies should also consider longitudinal designs to better establish causal relationships and incorporate qualitative assessments of greenspace characteristics beyond presence or coverage.

Ultimately, integrating urban forestry with health-focused urban planning strategies, while accounting for demographic diversity, socioeconomic factors, and methodological rigor, can contribute to more sustainable, livable, and mentally supportive cities for all residents.

5. Conclusion

This study examined the relationship between urban greenery and stress levels through the lens of the 3-30-300 rule, evaluating the impacts of tree visibility, canopy coverage, and proximity to green spaces. While the findings indicate that the presence of urban trees alone was not significantly associated with stress reduction, frequent and intentional engagement with natural spaces such as daily outdoor time and weekly visits to natural areas, emerged as crucial factors in mitigating stress. These results underscore the importance of designing urban environments that not only incorporate trees but also encourage active interaction with green spaces.

The lack of significant associations to tree visibility and canopy coverage suggests that the psychological benefits of urban greenery extend beyond mere exposure, reinforcing the need for well-maintained, accessible, and inviting green spaces within urban settings. By prioritizing meaningful access and encouraging regular use, urban planners and policymakers can enhance the mental health benefits of urban forestry initiatives.

Acknowledgments: This research was funded through the Indonesia Endowment Fund for Education Agency. Additional support was provided by the Center for Land Use Efficiency 2024-25 Program Enhancement and Graduate Student Support Grants, University of Florida Institute of Food and Agricultural Sciences (IFAS). MvdB acknowledges support from the grant CEX2018-000806-S funded by MCIN/AEI/10.13039/501100011033 and support from the Generalitat de Catalunya through the CERCA Program. MvdB's time is supported by the European Union's Horizon Europe research and innovation programme under grant agreement #: 101081420 (RESONATE: Building individual and community RESilience thrOugh NATurE-based therapies).

References

1. Barton, J., & Rogerson, M. (2017). The importance of greenspace for Mental Health. *BJPsych. International*, 14(4), 79-81. <https://doi.org/10.1192/s2056474000002051>
2. Bialowolski, P., Weziak-Bialowolska, D., Lee, M. T., Chen, Y., VanderWeele, T. J., & McNeely, E. (2021). The role of financial conditions for physical and mental health. Evidence from a longitudinal survey and insurance claims data. *Social Science & Medicine*, 281, 114041. <https://doi.org/10.1016/j.socscimed.2021.114041>
3. Brandt, L., Liu, S., Heim, C., & Heinz, A. (2022). The effects of social isolation stress and discrimination on Mental Health. *Translational Psychiatry*, 12(1). <https://doi.org/10.1038/s41398-022-02178-4>
4. Bratman, G. N., Anderson, C. B., Berman, M. G., Cochran, B., de Vries, S., Flanders, J., Folke, C., Frumkin, H., Gross, J. J., Hartig, T., Kahn, P. H., Kuo, M., Lawler, J. J., Levin, P. S., Lindahl, T., Meyer-Lindenberg, A., Mitchell, R., Ouyang, Z., Roe, J., ... Daily, G. C. (2019). Nature and mental health: An ecosystem service perspective. *Science Advances*, 5(7). <https://doi.org/10.1126/sciadv.aax0903>
5. Chen, Y., Peng, Y., Xu, H., & O'Brien, W. H. (2018). Age differences in stress and coping: Problem-focused strategies mediate the relationship between age and positive affect. *The International Journal of Aging and Human Development*, 86(4), 347-363. <https://doi.org/10.1177/0091415017720890>
6. Cohen, S., Kamarck, T., & Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior*, 24(4), 385-396. <https://doi.org/10.2307/2136404>
7. Craig, B. M., Hays, R. D., Pickard, A. S., Cella, D., Revicki, D. A., & Reeve, B. B. (2013). Comparison of US panel vendors for online surveys. *Journal of Medical Internet Research*, 15(11). <https://doi.org/10.2196/jmir.2903>
8. Elsadek, M., Liu, B., & Xie, J. (2020). Window view and relaxation: Viewing green space from a high-rise estate improves urban dwellers' wellbeing. *Urban Forestry & Urban Greening*, 55, 126846. <https://doi.org/10.1016/j.ufug.2020.126846>
9. Evans, G. W., Wells, N. M., Chan, H.-Y. E., & Saltzman, H. (2000). Housing Quality and mental health. *Journal of Consulting and Clinical Psychology*, 68(3), 526-530. <https://doi.org/10.1037//0022-006x.68.3.526>
10. Evans, G. W. (2003). The built environment and mental health. *Journal of Urban Health*, 80(4), 536-555. <https://doi.org/10.1093/jurban/jtg063>
11. Gascon, M., Triguero-Mas, M., Martínez, D., Dadvand, P., Forn, J., Plasència, A., & Nieuwenhuijsen, M. (2015). Mental health benefits of long-term exposure to residential green and Blue Spaces: A systematic review. *International Journal of Environmental Research and Public Health*, 12(4), 4354-4379. <https://doi.org/10.3390/ijerph120404354>
12. Gillerot, L., Rozario, K., de Frenne, P., Oh, R., Ponette, Q., Bonn, A., Chow, W., Godbold, D., Steinparzer, M., Haluza, D., Landuyt, D., Muys, B., & Verheyen, K. (2024). Forests are chill: The interplay between thermal comfort and mental wellbeing. *Landscape and Urban Planning*, 242, 104933. <https://doi.org/10.1016/j.landurbplan.2023.104933>
13. Gruebner, O., Rapp, M. A., Adli, M., Kluge, U., Galea, S., & Heinz, A. (2017). Cities and Mental Health. *Deutsches Ärzteblatt International*. <https://doi.org/10.3238/arztebl.2017.0121>
14. Hansen, M. M., Jones, R., & Tocchini, K. (2017). Shinrin-yoku (forest bathing) and nature therapy: A state-of-the-art review. *International Journal of Environmental Research and Public Health*, 14(8), 851. <https://doi.org/10.3390/ijerph14080851>
15. Helbich, M., Browning, M. H. E. M., Voets, D., & Dadvand, P. (2025). Adherence to the 3+30+300 urban green space rule and mental health, physical activity, and overweight: A population-based study in the Netherlands. *Environment International*, 202, 109643. <https://doi.org/10.1016/j.envint.2025.109643>
16. Holland, I., DeVille, N. V., Browning, M. H., Buehler, R. M., Hart, J. E., Hipp, J. A., Mitchell, R., Rakow, D. A., Schiff, J. E., White, M. P., Yin, J., & James, P. (2021). Measuring nature contact: A narrative review. *International Journal of Environmental Research and Public Health*, 18(8), 4092. <https://doi.org/10.3390/ijerph18084092>
17. Houlden, V., Weich, S., Porto de Albuquerque, J., Jarvis, S., & Rees, K. (2018). The relationship between greenspace and the mental wellbeing of adults: A systematic review. *PLOS ONE*, 13(9). <https://doi.org/10.1371/journal.pone.0203000>

18. Infurna, F. J., Staben, O. E., Lachman, M. E., & Gerstorf, D. (2021). Historical change in midlife health, well-being, and despair: Cross-cultural and socioeconomic comparisons. *American Psychologist*, 76(6), 870–887. <https://doi.org/10.1037/amp0000817>
19. Jakstis, K., & Fischer, L. K. (2021). Urban Nature and Public Health: How Nature Exposure and Sociocultural Background Relate to Depression Risk. *International Journal of Environmental Research and Public Health*, 18(18), 9689. <https://doi.org/10.3390/ijerph18189689>
20. Jiang, B., Chang, C.-Y., & Sullivan, W. C. (2014). A dose of nature: Tree cover, stress reduction, and gender differences. *Landscape and Urban Planning*, 132, 26–36. <https://doi.org/10.1016/j.landurbplan.2014.08.005>
21. Kaplan, R., & Kaplan, S. (1989). *The experience of nature: A psychological perspective*. Cambridge University Press.
22. Kaplan, S. (1995). The restorative benefits of nature: Toward an integrative framework. *Journal of Environmental Psychology*, 15(3), 169–182. [https://doi.org/10.1016/0272-4944\(95\)90001-2](https://doi.org/10.1016/0272-4944(95)90001-2)
23. Koay, W. I., & Dillon, D. (2020). Community gardening: Stress, well-being, and resilience potentials. *International Journal of Environmental Research and Public Health*, 17(18), 6740. <https://doi.org/10.3390/ijerph17186740>
24. Koeser, A. K., Hauer, R. J., Andreu, M., Northrop, R., & Hilbert, D. R. (2023). Attitudes towards tree protections, development, and urban forest incentives among Florida (United States) residents. *Urban Forestry & Urban Greening*, 86, 128032. <https://doi.org/10.1016/j.ufug.2023.128032>
25. Konijnendijk, C. C. (2008). *The Forest and the City*. Springer. <https://doi.org/10.1007/978-1-4020-8371-6>
26. Konijnendijk, C. C. (2022). Evidence-based guidelines for Greener, healthier, more resilient neighbourhoods: Introducing the 3-30-300 rule. *Journal of Forestry Research*, 34(3), 821–830. <https://doi.org/10.1007/s11676-022-01523-z>
27. Latkin, C. A., Edwards, C., Davey-Rothwell, M. A., & Tobin, K. E. (2017). The relationship between social desirability bias and self-reports of health, substance use, and social network factors among urban substance users in Baltimore, Maryland. *Addictive Behaviors*, 73, 133–136. <https://doi.org/10.1016/j.addbeh.2017.05.005>
28. Lederbogen, F., Kirsch, P., Haddad, L., Streit, F., Tost, H., Schuch, P., Wust, S., Pruessner, J. C., Rietschel, M., Deuschle, M., & Meyer-Lindenberg, A. (2011). City living and urban upbringing affect neural social stress processing in humans. *Nature*, 474, 498–501. <https://doi.org/10.1038/nature10190>
29. Lee, I., Choi, H., Bang, K. S., Kim, S., Song, M., & Lee, B. (2017). Effects of Forest Therapy on Depressive Symptoms among Adults: A Systematic Review. *International Journal of Environmental Research and Public Health*, 14(3), 321. <https://doi.org/10.3390/ijerph14030321>
30. Li, Q. (2010). Effect of forest bathing trips on human immune function. *Environmental Health and Preventive Medicine*, 15(1), 9–17. <https://doi.org/10.1007/s12199-008-0068-3>
31. Liu, B.-P., Huxley, R. R., Schikowski, T., Hu, K.-J., Zhao, Q., & Jia, C.-X. (2024). Exposure to residential green and blue space and the natural environment is associated with a lower incidence of psychiatric disorders in middle-aged and older adults: Findings from the UK Biobank. *BMC Medicine*, 22(1). <https://doi.org/10.1186/s12916-023-03239-1>
32. Maas, J., Verheij, R. A., Groenewegen, P. P., de Vries, S., & Spreeuwenberg, P. (2006). Green space, urbanity, and health: How strong is the relation? *Journal of Epidemiology and Community Health*, 60(7), 587–592. <https://doi.org/10.1136/jech.2005.043125>
33. Mortensen, P. B., Pedersen, C. B., Westergaard, T., Wohlfahrt, J., Ewald, H., Mors, O., Andersen, P. K., & Melbye, M. (1999). Effects of family history and place and season of birth on the risk of schizophrenia. *New England Journal of Medicine*, 340(8), 603–608. <https://doi.org/10.1056/nejm199902253400803>
34. Moss, J. L., Johnson, N. J., Yu, M., Altekruise, S. F., & Cronin, K. A. (2021). Comparisons of individual- and area-level socioeconomic status as proxies for individual-level measures: Evidence from the mortality disparities in American Communities Study. *Population Health Metrics*, 19(1). <https://doi.org/10.1186/s12963-020-00244-x>
35. Neale, C., Hoffman, J., Jefferson, D., Gohlke, J., Boukhechba, M., Mondschein, A., Wang, S., & Roe, J. (2022). The impact of urban walking on psychophysiological wellbeing. *Cities & Health*, 6(6), 1053–1066. <https://doi.org/10.1080/23748834.2022.2123763>

36. Nieuwenhuijsen, M. J., Dadvand, P., Márquez, S., Bartoll, X., Barboza, E. P., Cirach, M., Borrell, C., & Zijlema, W. L. (2022). The evaluation of the 3-30-300 green space rule and mental health. *Environmental Research*, 215, 114387. <https://doi.org/10.1016/j.envres.2022.114387>
37. Nowak, D., & Dwyer, J. (2010). Understanding the Benefits and Costs of Urban Forest Ecosystems. In J. Kuser (Ed.), *Urban and Community Forestry in the Northeast* (pp. 25-46). Springer. https://doi.org/10.1007/978-1-4020-4289-8_2
38. Olszewska-Guizzo, A., Escoffier, N., Chan, J., & Puay Yok, T. (2018). Window view and the brain: Effects of floor level and green cover on the alpha and beta rhythms in a passive exposure EEG experiment. *International Journal of Environmental Research and Public Health*, 15(11), 2358. <https://doi.org/10.3390/ijerph15112358>
39. Ow, L. F., & Ghosh, S. (2017). Urban Cities and Road Traffic Noise: Reduction through vegetation. *Applied Acoustics*, 120, 15-20. <https://doi.org/10.1016/j.apacoust.2017.01.007>
40. Park, B. J., Tsunetsugu, Y., Kasetani, T., Kagawa, T., & Miyazaki, Y. (2010). The physiological effects of Shinrin-yoku (taking in the forest atmosphere or forest bathing): Evidence from field experiments in 24 Forests across Japan. *Environmental Health and Preventive Medicine*, 15(1), 18-26. <https://doi.org/10.1007/s12199-009-0086-9>
41. Pedersen, C. B., & Mortensen, P. B. (2001). Evidence of a dose-response relationship between urbanicity during upbringing and schizophrenia risk. *Archives of General Psychiatry*, 58(11), 1039–1046. <https://doi.org/10.1001/archpsyc.58.11.1039>
42. Peen, J., Schoevers, R. A., Beekman, A. T., & Dekker, J. (2010). The current status of urban-rural differences in psychiatric disorders. *Acta Psychiatrica Scandinavica*, 121(2), 84-93. <https://doi.org/10.1111/j.1600-0447.2009.01438.x>
43. Raman, T. L., Abdul Aziz, N. A., & Yaakob, S. S. (2021). The effects of different natural environment influences on health and psychological well-being of people: A case study in Selangor. *Sustainability*, 13(15), 8597. <https://doi.org/10.3390/su13158597>
44. Reid, C. E., Kubzansky, L. D., Li, J., Shmool, J. L., & Clougherty, J. E. (2018). It's not easy assessing greenness: A comparison of NDVI datasets and neighborhood types and their associations with self-rated health in New York City. *Health & Place*, 54, 92-101. <https://doi.org/10.1016/j.healthplace.2018.09.005>
45. Rhee, J. H., Schermer, B., Han, G., Park, S. Y., & Lee, K. H. (2023). Effects of nature on restorative and cognitive benefits in indoor environment. *Scientific Reports*, 13(1). <https://doi.org/10.1038/s41598-023-40408-x>
46. Sanabria-Mazo, J. P., Gómez-Acosta, A., Annicchiarico-Lobo, J., Luciano, J. V., & Sanz, A. (2023). Psychometric Properties of the Perceived Stress Scale-4 (PSS-4) in Colombians with University Education. *medRxiv*. <https://doi.org/10.1101/2023.09.05.23295052>
47. Schmalbach, B., Ernst, M., Brähler, E., & Petrowski, K. (2025). Psychometric comparison of two short versions of the perceived stress scale (PSS-4) in a representative sample of the German population. *Frontiers in Psychology*, 15. <https://doi.org/10.3389/fpsyg.2024.1479701>
48. Scott, S. B., Whitehead, B. R., Bergeman, C. S., & Pitzer, L. (2013). Combinations of stressors in midlife: Examining role and domain stressors using regression trees and random forests. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 68(3), 464–475. <https://doi.org/10.1093/geronb/gbs166>
49. Setia, M. (2016). Methodology series module 3: Cross-sectional studies. *Indian Journal of Dermatology*, 61(3), 261. <https://doi.org/10.4103/0019-5154.182410>
50. Shimura, A., Yokoi, K., Ishibashi, Y., Akatsuka, Y., & Inoue, T. (2021). Remote work decreases psychological and physical stress responses, but full-remote work increases presenteeism. *Frontiers in Psychology*, 12. <https://doi.org/10.3389/fpsyg.2021.730969>
51. Silber, H., Roßmann, J., & Gummer, T. (2022). The Issue of Noncompliance in Attention Check Questions: False Positives in Instructed Response Items. *Field Methods*, 34(4), 346-360. <https://doi.org/10.1177/1525822X221115830>
52. Stone, A. A., Schwartz, J. E., Broderick, J. E., & Deaton, A. (2010). A snapshot of the age distribution of psychological well-being in the United States. *Proceedings of the National Academy of Sciences*, 107(22), 9985-9990. <https://doi.org/10.1073/pnas.1003744107>

53. Suhendy, C. C., Koeser, A. K., Klein, R. W., Warner, L. A., van den Bosch, M., & Hansen, G. (2025). Urban Forest and Human Health: The Impact on Physical Activity and Blood Pressure. <https://doi.org/10.20944/preprints202508.1146.v1>
54. Takayama, N., Korpela, K., Lee, J., Morikawa, T., Tsunetsugu, Y., Park, B. J., Li, Q., Tyrväinen, L., Miyazaki, Y., & Kagawa, T. (2014). Emotional, Restorative and Vitalizing Effects of Forest and Urban Environments at Four Sites in Japan. *International Journal of Environmental Research and Public Health*, 11(7), 7207-7230. <https://doi.org/10.3390/ijerph110707207>
55. Taliercio, J. R. (2024). Heat on the brain: The impacts of rising temperatures on psychiatric functioning, potential causes, and related compounding factors. *American Psychologist*. <https://doi.org/10.1037/amp0001464>
56. Taylor, L., Hahs, A. K., & Hochuli, D. F. (2018). Wellbeing and urban living: Nurtured by nature. *Urban Ecosystems*, 21(1), 197-208. <https://doi.org/10.1007/s11252-017-0702-1>
57. Thompson, R., Hornigold, R., Page, L., & Waite, T. (2018). Associations between high ambient temperatures and heat waves with mental health outcomes: A systematic review. *Public Health*, 161, 171-191. <https://doi.org/10.1016/j.puhe.2018.06.008>
58. Thompson, R., Lawrance, E. L., Roberts, L. F., Grailey, K., Ashrafian, H., Maheswaran, H., Siddiqui, S., Sowden, S., & Darzi, A. (2023). Ambient temperature and mental health: a systematic review and meta-analysis. *The Lancet Planetary Health*, 7(7), e580-e589. [https://doi.org/10.1016/S2542-5196\(23\)00104-2](https://doi.org/10.1016/S2542-5196(23)00104-2)
59. Ulrich, R. S. (1983). Aesthetic and affective response to natural environment. In I. Altman & J. F. Wohlwill (Eds.), *Behavior and the Natural Environment* (pp. 85-125). Springer. https://doi.org/10.1007/978-1-4613-3539-9_4
60. Ulrich, R. S. (1984). View through a window may influence recovery from surgery. *Science*, 224(4647), 420-421. <https://doi.org/10.1126/science.6143402>
61. Ulrich, R. S., Simons, R. F., Losito, B. D., Fiorito, E., Miles, M. A., & Zelson, M. (1991). Stress recovery during exposure to natural and Urban Environments. *Journal of Environmental Psychology*, 11(3), 201-230. [https://doi.org/10.1016/s0272-4944\(05\)80184-7](https://doi.org/10.1016/s0272-4944(05)80184-7)
62. van den Bosch, M., & Sang, Å. O. (2017). Urban natural environments as nature-based solutions for improved public health: A systematic review of reviews. *Environmental Research*, 158, 373-384. <https://doi.org/10.1016/j.envres.2017.05.040>
63. Vargas, T., Conley, R. E., & Mittal, V. A. (2020). Chronic stress, structural exposures and neurobiological mechanisms: A stimulation, discrepancy and deprivation model of psychosis. *International Review of Neurobiology*, 152, 41-69. <https://doi.org/10.1016/bs.irm.2019.11.004>
64. Vassos, E., Pedersen, C. B., Murray, R. M., Collier, D. A., & Lewis, C. M. (2012). Meta-analysis of the Association of Urbanicity with schizophrenia. *Schizophrenia Bulletin*, 38(6), 1118-1123. <https://doi.org/10.1093/schbul/sbs096>
65. Vassos, E., Agerbo, E., Mors, O., & Pedersen, C. B. (2016). Urban-rural differences in incidence rates of psychiatric disorders in Denmark. *British Journal of Psychiatry*, 208(5), 435-440. <https://doi.org/10.1192/bjp.bp.114.161091>
66. Wang, J., Long, R., Chen, H., & Li, Q. (2019). Measuring the psychological security of urban residents: Construction and validation of a new scale. *Frontiers in Psychology*, 10. <https://doi.org/10.3389/fpsyg.2019.02423>
67. Warttig, S. L., Forshaw, M. J., South, J., & White, A. K. (2013). New, normative, English-sample data for the short form perceived stress scale (PSS-4). *Journal of Health Psychology*, 18(12), 1617-1628. <https://doi.org/10.1177/1359105313508346>
68. Watts, G., Chinn, L., & Godfrey, N. (1999). The effects of vegetation on the perception of traffic noise. *Applied Acoustics*, 56(1), 39-56. [https://doi.org/10.1016/s0003-682x\(98\)00019-x](https://doi.org/10.1016/s0003-682x(98)00019-x)
69. White, M. P., Alcock, I., Wheeler, B. W., & Depledge, M. H. (2013). Would you be happier living in a Greener Urban Area? A fixed-effects analysis of panel data. *Psychological Science*, 24(6), 920-928. <https://doi.org/10.1177/0956797612464659>

70. Wolf, K. L., Lam, S. T., McKeen, J. K., Richardson, G. R. A., van den Bosch, M., & Bardekjian, A. C. (2020). Urban trees and human health: A scoping review. *International Journal of Environmental Research and Public Health*, 17(12), 4371. <https://doi.org/10.3390/ijerph17124371>
71. Wolf, K. L., & Robbins, A. S. T. (2015). Metro Nature, environmental health, and economic value. *Environmental Health Perspectives*, 123(5), 390-398. <https://doi.org/10.1289/ehp.1408216>
72. Wood, C. J., Barton, J. L., & Wicks, C. L. (2022). The impact of therapeutic community gardening on the wellbeing, loneliness, and life satisfaction of individuals with mental illness. *International Journal of Environmental Research and Public Health*, 19(20), 13166. <https://doi.org/10.3390/ijerph192013166>
73. Woodward, A., Hinwood, A., Bennett, D., Grear, B., Vardoulakis, S., Lalchandani, N., Lyne, K., & Williams, C. (2023). Trees, climate change, and Health: An Urban Planning, greening and implementation perspective. *International Journal of Environmental Research and Public Health*, 20(18), 6798. <https://doi.org/10.3390/ijerph20186798>
74. World Health Organization. (2016). *Urban Green Spaces and health*. World Health Organization. <https://www.who.int/europe/publications/i/item/WHO-EURO-2016-3352-43111-60341>
75. Yao, T., Lin, W., Bao, Z., & Zeng, C. (2024). Natural or balanced? the physiological and psychological benefits of window views with different proportions of sky, green space, and buildings. *Sustainable Cities and Society*, 104, 105293. <https://doi.org/10.1016/j.scs.2024.105293>
76. Yin, S., Chen, W. Y., & Liu, C. (2023). Urban forests as a strategy for transforming towards Healthy Cities. *Urban Forestry & Urban Greening*, 81, 127871. <https://doi.org/10.1016/j.ufug.2023.127871>
77. Zhang, G., Wu, G., & Yang, J. (2023). The restorative effects of short-term exposure to nature in immersive virtual environments (Ives) as evidenced by participants' Brain Activities. *Journal of Environmental Management*, 326, 116830. <https://doi.org/10.1016/j.jenvman.2022.116830>
78. Zhang, Z., Měchurová, K., Resch, B., Amegbor, P., & Sabel, C. E. (2023). Assessing the association between overcrowding and human physiological stress response in different urban contexts: A case study in Salzburg, Austria. *International Journal of Health Geographics*, 22(1). <https://doi.org/10.1186/s12942-023-00334-7>

Disclaimer/Publisher's Note: The statements, opinions and data contained in all publications are solely those of the individual author(s) and contributor(s) and not of MDPI and/or the editor(s). MDPI and/or the editor(s) disclaim responsibility for any injury to people or property resulting from any ideas, methods, instructions or products referred to in the content.