

When I first began the StoryMap project, I didn't fully realize how much it would reshape the way I understood my chosen impact area. I knew I wanted to focus on youth mental health, and I already had an interest in how digital tools can support students who struggle to access in-person care. But at the beginning, that interest felt broad and a little unfocused. I didn't yet understand the many layers involved, how schools, nonprofits, hospitals, and tech groups each approach the issue differently, or how geography plays a role in something that often gets talked about as a "universal" challenge. As I built out each slide, I found myself learning more about the nuances of access, the overlap between mental-health organizations, and the gaps that digital tools were designed to fill. By the end of the project, my impact area felt far less abstract and much more connected to real places, real barriers, and real solutions.

Creating the StoryMap required me to approach the topic in a structured, place-based way. Before the assignment, I mostly thought about youth mental health at a high level; ideas like teletherapy, mental-health apps, or digital counseling seemed helpful but hard to picture in a specific context. Once I started mapping actual organizations such as Boston Children's Hospital's Behavioral Health Department, The Home for Little Wanderers, the Digital Wellness Lab, JED, and Crisis Text Line, everything became more concrete. I could visualize how different institutions, located across Massachusetts and beyond, each contributed something unique to the larger system of care. More importantly, I began to understand that "digital access" isn't simply about having a phone or Wi-Fi. It's about whether students live in communities where digital support is integrated into schools, where counselors are trained to use these tools, where parents trust them, and where organizations coordinate their efforts instead of working in isolation.

The mapping process also pushed me to think more critically about interdisciplinarity. Every organization I researched combined multiple fields, psychology, design, data science, social work, public health, education, and sometimes even policy and law. I hadn't fully grasped how much collaboration goes into digital mental-health access until I had to write about it. At Boston Children's Hospital, for example, clinicians work alongside digital-health researchers and developers to study which online tools actually benefit teens. The Home for Little Wanderers integrates therapeutic residential care with virtual monitoring programs. JED works with schools to build crisis-response strategies based on data. Crisis Text Line trains volunteers while also running large-scale analytics to identify national trends in student distress. Seeing all of this laid out on the StoryMap helped me appreciate how digital tools are only one piece of the puzzle; what makes them effective is the network of people, specialties, and community relationships behind them.

The personal-connection part of the assignment grew stronger the more time I spent on the project. When I worked on the slides based on Weymouth and Milford, I found myself reflecting on how my hometowns shaped the way I think about mental health. Growing up, I knew people

who didn't know how to talk about what they were going through or didn't feel comfortable reaching out. Some didn't have consistent transportation, some waited months for appointments, and some didn't know digital resources existed. At the time, I didn't realize those were access issues; I just figured those were normal challenges everyone dealt with. Revisiting those memories while working on the StoryMap made me understand why digital access matters so much, especially for teens who don't have control over where they live or how easy it is to get to a clinic. It also made my impact area feel more personal instead of just an academic interest.

Connecting my project back to my major—Data Science and Business Administration—also changed how I think about my future path. Before this semester, I didn't see a clear link between technology, analytics, and youth mental-health advocacy. Through the StoryMap, I began noticing how deeply the mental-health field relies on data: trends in crisis-text usage, evaluations of digital tools, feedback from school surveys, and outcomes from virtual therapy pilots. I realized that people with skills in data analysis, visualization, and product design can play a meaningful role in improving access. Understanding the principles of Asset-Based Community Development (ABCD) helped me see how technical work must be rooted in the strengths of communities, not just in collecting numbers, but in building tools that actually reflect the lived experiences of students, parents, counselors, and educators. Technology can't fix everything, but data can help highlight needs, identify patterns, and guide solutions that support the human relationships already in place.

By the time I finished my StoryMap, I could finally picture what future involvement might look like. There are many organizations I could see myself working with. The Digital Wellness Lab aligns closely with my academic background, as its work relies heavily on evaluating digital tools and communicating research findings in ways that help schools choose what works. Co-ops with ed-tech companies also appeal to me, especially those designing mental-health apps, student-support dashboards, or platforms schools use to track wellness concerns. On the nonprofit side, I'm interested in groups like JED or Minding Your Mind, which combine research, storytelling, policy, and student engagement. Even Crisis Text Line has opportunities for volunteers and data-analysis roles that connect technical skills with real-time mental-health support. The project helped me see that the impact area is broad enough that I don't need a clinical background to contribute meaningfully; there are plenty of roles that combine data, technology, and community partnership.

The project also left me with several major questions I want to keep exploring. One of the biggest is how schools decide which digital tools to use. With so many apps, online counseling platforms, and AI-driven tools available, I'm curious about who evaluates their quality and whether students have a voice in those decisions. Another question involves ethics and privacy. Youth mental-health data is sensitive, and every organization I researched handles it differently. I want to understand more about how to protect students' information while still allowing

researchers and school leaders to gather the insights they need. A third question relates to equity: even if digital tools exist, what ensures they are accessible to the students who need them the most? In future semesters, I hope to answer these questions by taking courses in digital ethics, human-centered design, and health-data management, as well as by talking with professors who work in digital-wellness research. Joining research projects or co-ops that focus on school mental-health systems would also give me real-world examples of how these questions show up in practice.

Ultimately, the StoryMap helped me connect my personal background, academic interests, career goals, and values. Mapping everything visually made the issue more tangible, and researching each organization gave me a clearer sense of how complex and collaborative youth mental-health access really is. The project showed me that digital tools aren't just technological solutions; they are part of a larger ecosystem involving schools, communities, and support networks. It also helped me recognize the strengths I already bring to the table and the areas I still want to learn more about. Moving forward, I feel much more confident about the direction I want to take and motivated to continue exploring how digital tools can contribute to more equitable, effective mental-health support for students.

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